



**ATTACHMENT 6
SUPERVISION REPORT
JUVENILE COMPETENCY SERVICES
VIRGINIA DBHDS**

Please fax to DBHDS Director of Juvenile Competency Services within three (3) working days of each supervisory session.

PROVIDER AGENCY _____ ☐ Yes
COURT _____ Transfer Requested? ☐ No

RC NAME _____ JUVENILE'S NAME _____
RS NAME _____ JUVENILE'S AGE _____
SUPERVISION DATE _____ SUPERVISION LOCATION _____

NAME OF ADULT PRESENT _____ RELATIONSHIP _____

I. CASE REVIEW

A. Describe any special circumstances surrounding today's interview.

	YES	NO
B. Did you receive documentation of the following from the RC		
a. Psychiatric diagnoses and treatment records	<input type="checkbox"/>	<input type="checkbox"/>
b. Current diagnoses of physical illness or disability and current treatment	<input type="checkbox"/>	<input type="checkbox"/>
c. The juvenile's intelligence level	<input type="checkbox"/>	<input type="checkbox"/>
C. Did you review the juvenile's scholastic and mh/mr/sa records before conducting the supervisory interview? If no, please explain below.	<input type="checkbox"/>	<input type="checkbox"/>

II. EVALUATION OF COMPETENCY TO STAND TRIAL

	YES	NO
A. The juvenile understood the nature and seriousness of his charge(s).	<input type="checkbox"/>	<input type="checkbox"/>

As evidenced when the juvenile said " _____

_____ " _____

B. The juvenile understood his rights as a defendant.	<input type="checkbox"/>	<input type="checkbox"/>
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As evidenced when the juvenile said " _____

_____ " _____

C. The juvenile understood trial procedures and relevant legal terms.

☐
☐

As evidenced when the juvenile said “

”

D. The juvenile exhibited the ability to assist his defense attorney.

☐
☐

As evidenced when the juvenile said “

”

E. The juvenile exhibited the capacity for rational understanding.

☐
☐

As evidenced when the juvenile said “

”

III. SUPERVISION OF THE RESTORATION COUNSELOR

A. Describe relationship between RC, the juvenile, and the juvenile’s family (or surrogate caretaker).

B. Describe RC’s positive interventions.

C. List restoration services recommendations

D. List case management recommendations

E. Explain any issues to be communicated to the Director of Juvenile Competency Services

IV. CURRENT COMPETENCY STATUS

- | | CST | IST | URIST |
|--|--------------------------|--------------------------|--------------------------|
| A. Today, the Restoration Supervisor believes the juvenile is | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Today, the Restoration Counselor believes the juvenile is | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. _____ on ____/____/____ opined that juvenile is | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>(Name of Independent Evaluator)</i> | <i>(Evaluation Date)</i> | | |

Restoration Counselor Signature: _____ Date: _____

Restoration Supervisor Signature: _____ Date: _____

Reviewed by DBHDS: _____ Date: _____